

EPA Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information required here is required by law (3010 of the Resource Conservation and Recovery Act).

Comments

[illegible]

Installation's EPA ID Number													Approved		Date Received (yr. mo. day)						
C	D	I	C	D	0	4	5	4	9	3	8	1	4	T/A	C						
F															1						

JUN 12 1984 REC'D

AMERADA HESS CORPORATION

ବିପ୍ରକାଶକ ଡା. ଡି.ପି. ସିଂହ

1620	SOUTH	CAPITOL	STREET	S
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[illegible]

Street or Route Number

[illegible][illegible]

Name and Title (last, first, and job title)

	V	A	N	Z	L	E	T	R	H	E	-	E	N	V.	2	6	1	7	5	0	6	0
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A. Name of Installation's Legal Owner

C	A	M	E	R	A	D	A	H	E	S	S	C	O	R	P							T
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VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator	<input type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter "X" and mark appropriate boxes below)	
<input type="checkbox"/> 2. Transporter	<input type="checkbox"/> 1c. Less than 100 kg/mo.	<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer	<input checked="" type="checkbox"/> 1d. Less than 50kg/mo.	<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection	FACILITY IS CURRENTLY INACTIVE	<input type="checkbox"/> c. Burner	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter "X" and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner Who First Claims the Oil Meets the Specification)	
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			

VII. Waste Fuel Burning: Type of Combustion Device (enter "X" in all appropriate boxes to indicate type of combustion device(s) which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

N/A ☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) N/A

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

CONFIDENTIAL

Continue on re

C

W

17

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) **N/A - FACILITY IS CURRENTLY INACTIVE**

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)
XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted this and all attached documents, and that based on my inquiry of those individuals immediately responsible obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

X *F. L. Clark*

Name and Official Title (type or print)

F. L. CLARK
V. P. TERMINALS

Date Signed

5/16/89

CONFIDENTIAL

Amerada Hess Corp.
1620 P. Capitol St, SE.
Washington, D.C. 20003

OCT 24 1989

A change in the status has been made
by Mark Hughes, Environmental Chemist, with
the District of Columbia. This was due to a
cleanup in HWDMS in preparation for RCRIS.

Status has changed from
Generator 1 to Egg 3

See letter attached

10/12/89

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
HOUSING AND ENVIRONMENTAL REGULATION ADMINISTRATION
P.O. BOX 37200
WASHINGTON, D.C. 20013-7200




Ms. Shirley Bulkin
RCRA Support Section 3HW34
841 Chestnut Building
Philadelphia, PA 19107

Dear Ms. Bulkin:

Enclosed you will find the final cleaned HWDMS notifier file for the District of Columbia. I took the extra effort of phoning or inspecting generators who were recent first time notifiers or whose information I found questionable. I feel very confident in this data and am sure it represents the truest picture of our universe that is possible.

In other developments, we have added two blocks to the 8700-12 Notification form to help in classifying the category into which generators may be placed. We added the less than 50 Kg/mo. designation because that is the delineation point in the District. I have enclosed a copy for your information.

Sincerely,


Mark W. Hughes
Environmental Chemist

1981 STATUS SHEET FOR NON-REGULATED GENERATORS

INSTRUCTIONS: THIS SHEET MUST BE COMPLETED ONLY BY INSTALLATIONS THAT NOTIFIED EPA OF HAZARDOUS WASTE ACTIVITY UNDER SECTION 3010 OF RCRA BUT DID NOT HANDLE REGULATED QUANTITIES OF HAZARDOUS WASTE AT ANY TIME DURING 1981 AND ARE NOT REQUIRED TO COMPLETE THE 1981 GENERATOR ANNUAL REPORT. If you received a pre-printed label attached to the envelope in which this form was enclosed, affix it in the space provided, circle the appropriate code in section S-IV, sign the certification at the bottom of this page and return it to your EPA Regional Office by January 10, 1983 in the return envelope provided. If any of the information on the label is incorrect, draw a line through it and provide the correct information in the appropriate section below. If you did not receive a preprinted label, complete all sections.

DCD045493814

03

G

AMERADA HESS CORPORATION
ATTN: YOUNG R W MGR ENVIRO SYST.
1620 S CAPITOL STREET SE
WASHINGTON DC 20003

RECEIVED
RCRA PERMITS & PESTICIDES SECT

S-I. GENERATOR'S EPA I.D. NUMBER

T/A C
F 1 2 13 14 15

DEC 6 1982

EPA, R3

S-II. NAME OF FACILITY

30 69

S-III. FACILITY MAILING ADDRESS

3 15 16 45
Street or P.O. Box

4 15 16 41 42 47 51
City or Town State Zip Code

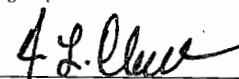
S-IV. 1981 STATUS (Circle the code at right which best describes your installation's 1981 status. Circle only one code)

- a. NON-HANDLER—did not handle hazardous waste in any quantity in 1981 ①
- b. SMALL QUANTITY GENERATOR—did not generate more than 1000 kg. of hazardous waste (or 1 kg. of acutely hazardous waste) in any single month or accumulate more than 1000 kg. of hazardous waste (or 1 kg. of acutely hazardous waste) on-site at any time during 1981 (40 CFR §261.5) 2
- c. EXEMPT—all wastes generated in farming operations (40 CFR §262.51) or exempt pursuant to 40 CFR §261.4 4
- d. BENEFICIAL USE—All hazardous waste generated was beneficially used, reused, or recycled in accordance with 40 CFR §261.2 and 40 CFR §261.6 5
- e. CLOSED—installation was closed prior to 1981 9

S-V. CERTIFICATION

I certify under penalty of law that the installation identified above did not handle regulated quantities of hazardous waste during 1981 and that to the best of my knowledge this installation is not subject to the RCRA Annual Reporting requirement.

F. L. Clark Vice President, Terminals



12/2/82

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

*Special Note: This installation wishes to retain assigned EPA I.D. Number since the possibility for future generation of Hazardous Waste does exist.

29409



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

DCD045493814

INSTALLATION ADDRESS

AMERADA HESS CORPORATION
1620 S CAPITOL STREET SE
WASHINGTON DC 20003

1620 S CAPITOL STREET SE
WASHINGTON DC 20003

INSTRUCTIONS: If you received a preprint label, affix it in the space at left. If any of information on the label is incorrect, draw a through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and below blank. If you did not receive a preprint label, complete all items. "Installation" means single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. Information requested herein is required by (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

RECEIVED

EPA REGION III

AUG 18 1980 000315

INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)	
FDCB004549381421												800818	

I. NAME OF INSTALLATION

Amerada Hess Corporation

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

31620 S Capitol Street SE

CITY OR TOWN

Washington DC 20003

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

51620 S Capitol Street SE

CITY OR TOWN

Washington DC 20003

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 Young R W Mgr Enviro Systems 201-636-3000

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 Amerada Hess Corporation

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

Duns #04-549-3814

W	D	C	D	D	4	5	4	9	3	8	1	4	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

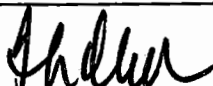
☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) F. L. Clark Vice President, Terminals	DATE SIGNED 8/15/80
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